

CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT

for the year 1962

BY

The Principal

School Medical Officer



PHILLIPSON AND GOLDER (PRINTERS) LTD., CHESTER

STAFF

Principal School Medical Officer:

ARNOLD BROWN, M.B., CH.B., D.P.H.

Deputy Principal School Medical Officer:

B. G. GRETTON-WATSON, M.A., M.B., B.CH., D.P.H., Barrister-at-Law

Senior School Medical Officer:

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

Assistant County Medical Officers:

JESSIE ANDERSON, M.B., CH.B., D.P.H.	AITOLIA ENGLISH, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.
R. CARGILL, M.B., CH.B.	BETTY HINCHLIFFE, M.B., CH.B.
S. CARUANA, M.D., B.Sc., D.T.M.&H., D.P.H.	BARBARA JONES, M.B., CH.B.
MARGARET CATON, M.R.C.S., L.R.C.P.	JANET JONES M.B., CH.B.
IRENE CHESHAM, M.B., CH.B., D.P.H.	MARJORIE JUKES, M.B., CH.B., D.P.H.
MARGARET CROSLAND, M.B., CH.B.	CITA KERSHAW, M.B., CH.B.
HILDA DEAN, M.R.C.S., L.R.C.P.	HILDA LEVIS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
	L. P. MOORE, M.A., M.R.C.S., L.R.C.P.
	WINIFRED TAIT, M.B., CH.B.
	JESSIE TOUGH, M.B., CH.B., D.P.H.

Divisional School Medical Officers:

Altrincham—W. H. PARRY, M.D., D.P.H.	Nantwich—R. K. HAY, M.D., B.CH., B.A.O., D.P.H.
Bebington—F. S. MELVILLE, M.B., CH.B., D.P.H.	N.E. Cheshire—T. W. BRINDLE, M.B., CH.B., D.P.H.
Cheadle and Wilmslow— J. A. LEITCH, M.D., CH.B., D.C.H., D.P.H.	Runcorn—J. L. PATTERSON, M.B., CH.B., D.P.H.
Crewe—D. G. CRAWSHAW, M.B., M.R.C.S., D.C.H., D.P.H.	Sale and Lymm—E. H. GORDON, M.D., B.CH., B.A.O., D.P.H.
Deeside—J. HATTON, M.D., D.P.H.	S.E. Cheshire—L. RICH, M.B., CH.B., M.R.C.O.G., D.P.H.
Hyde—A. S. DARLING, M.B., B.CH., B.A.O., D.P.H.	S.W. Cheshire—W. A. POLLITT, M.R.C.S., L.R.C.P., D.P.H.
Macclesfield—W. R. PLEWS, L.R.C.P. & S., D.R.C.O.G., D.P.H.	Stalybridge and Dukinfield— T. HOLME, M.B., CH.B., D.P.H.
Mid-Cheshire—F. SEYMOUR, M.B., CH.B., D.P.H.	

Paediatrician (Part-time):

J. D. ALLAN, M.D., F.R.C.P.

Ophthalmic Surgeons (Part-time):

- J. F. COGAN, M.B., CH.B., F.R.C.S. A. HOLMES-SMITH, M.A., M.B.,
B.CHIR., D.O.M.S.
J. D. E. EDWARDS, M.B., CH.B.,
D.O.M.S., R.C.P.S.I. A. K. MITRA, M.B., D.G.O., D.O.
NORA ENGLISH, M.B., B.CH.,
B.A.O., D.O. E. RILEY, M.B., CH.B., D.O.M.S.
D. W. ELLIS-JONES, M.B., CH.B.,
D.T.M. & H., D.O. DOROTHY SIMMONS, M.B., CH.B.

Child Psychiatrists (Part-time):

- J. ERULKAR, M.B., B.S., D.C.H.,
M.R.C.P., D.P.M. D. M. ZAUSMER, B.Sc., M.B., B.S.,
D.P.M.

Orthopaedic Surgeons (Part-time):

- E. M. KUPFER, M.B., B.S., F.R.C.S. G. T. PARTRIDGE, M.A., M.B.,
F.R.C.S.
K. L. MARKS, F.R.C.S., M.CH. R. ROAF, M.A., F.R.C.S.
T. McSWEENEY, M.B., M.CH., F.R.C.S. V. H. WHEBLE, M.A., B.M., B.CH.,
F.R.C.S.
A. G. O'MALLEY, M.CH., F.R.C.S.

Ear, Nose and Throat Surgeons (Part-time):

- R. D. STRIDE, M.B., CH.B., F.R.C.S.,
D.L.O. J. M. KODICEK, M.B., B.S., F.R.C.S.,
L.R.C.P.
O. T. TAYLOR, M.B., CH.B.

Consultants in Audiology (Part-time):

- SIR ALEXANDER EWING, M.A., PH.D.
I. G. TAYLOR, M.D., D.P.H.

School Dental Surgeons:

- A. F. HELY, C.B., L.D.S. (Principal) H. JACKSON, L.D.S.
A. E. ALLEN, L.D.S., R.F.P.S. LISBETH KIPPEN, L.D.S., D.P.D.
EDITH ANDREW, L.D.S. IRENE KURER, B.D.S. (*part-time*)
J. B. ANDREW, L.D.S., R.C.S., B.D.S. A. N. LEICESTER, B.D.S.
J. M. ARANY, M.D., L.D.S., R.F.P.S. MORAG MADGETT, B.D.S.
ELIZABETH BROWN, L.D.S. H. P. MEED, L.D.S.
DOROTHY COATES, L.D.S. RUTH OWEN, L.D.S.
G. H. CRAINE, B.D.S. H. W. S. SHEASBY, L.D.S.
MARGARET DAVIS, B.D.S. (*part-*
time) K. V. SHUTE, L.D.S.
D. M. DODD, B.D.S. E. J. TAYLOR, L.D.S.
MAUREEN DUNN, L.D.S. DOROTHY WALKER, L.D.S.
G. J. HARTLEY, L.D.S. R. S. WOOD, L.D.S.
R. H. HURST, L.D.S.

Chief Administrative Assistant:

- B. O'CONNOR, M.A., Barrister-at-Law

Health Visitors and School Nurses: 125.

Dental Nurses and Attendants: 28. Clerk-Attendants: 17.

Speech Therapists :

GILLIAN BARLOW
SUSAN BARLOW
RAYLEEN EATON

GILIAN HOWARD
KATHLEEN JONES (Part-time)
MARGARET JOHNSON
MELBA LOYNES (Part-time)

Occupational Therapist :

ANNABEL NOAKE †

Physiotherapists :

RHONA WHITE

JOYCE URMSON. †

Psychologists :

T. W. CRABTREE, B.A.

ELIZABETH LONG, B.A.

MIRIAM LEE, B.SC., (Part-time) NORA SCOTT, B.A. (Part-time)

J. WALKER, B.A.

Psychological Social Workers :

ELLEN HOWITT

PHYLLIS REDFARN

MARY GRANT

CHRISTOBEL WALKER, B.A.

Peripatetic Teachers of the Deaf :

P. R. BUCKINGHAM,

D. L. PERRY

†Appointed for treatment of children suffering from cerebral palsy

INTRODUCTION

*To the Chairman and Members
of the County Education Committee*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1962.

Dr. Jenny Craig, who had served the County well as a School Medical Officer in the Altrincham and Knutsford area since 1939, resigned her appointment in May of this year. She had made the welfare and health of school children her main life endeavour and was liked and valued by all children and teachers in her area.

The increasing school population and widening scope of the work of school medical officers necessitated two additional medical appointments.

The place of Dr. Jacobs as Ophthalmologist was taken by Dr. Ellis Jones, who is also consultant ophthalmic surgeon to the Crewe hospitals. This is in accordance with the County policy that the ophthalmologist conducting County clinics shall also have charge of beds at the hospital receiving patients from the schools in the same part of the County. The vacancy in North Cheshire was filled by Dr. Mitra, who is engaged at Stockport hospitals.

The final retirement of Dr. Boas, who had conducted eye clinics in the Stalybridge, Hyde and Dukinfield area has been filled temporarily by the re-employment of Dr. Campbell Brown, who was for many years the Medical Officer of Health and School Medical Officer for Hyde and in that capacity conducted eye clinics over a long period. So far it has not been possible to make a joint appointment with the Regional Hospital Board, but negotiations are proceeding.

The principle of joint appointments has been extended to the field of diseases of the ear, nose and throat, and Mr. Stride the newly appointed surgeon at Crewe also undertakes County clinics in this speciality. The audiology clinics conducted by Sir Alexander Ewing and his staff have been most successful, and the co-operation of the ear, nose and throat surgeons at these clinics has been both marked and beneficial. Each school medical officer is supplied with an audiometer and the increased attention paid to the ascertainment of deafness in the first place at the health visitors' screening clinics, then by the attendance of handicapped children aged two to five years at young children's clinics and by the audiometric clinics held by school medical officers followed by Sir Alexander Ewing's clinics has resulted in a greatly increased work load on the part of the peripatetic teachers of the deaf. The essential usefulness of this part of the School Health Service is that deafness or partial deafness is discovered early in life, so that children whose deafness originated before admission to school can receive appropriate help and education as soon as they reach school age.

It is with great regret that I report the death of Mr. M. K. Baron, a Dental Surgeon at the Bebington clinic, who was a dentist of long experience and who had done excellent work there for a number of years; he was well liked by the children attending. No County clinic was without a dentist during the year, but it was not possible with the existing staff to perform an inspection of all schools in the twelve months period.

The work of the Child Guidance Service is increasing. Unfortunately the Manchester Regional Hospital Board have only been able to supply a psychiatrist for two sessions weekly, and as the population of that part of Cheshire which, for hospital purposes, comes within the range of the Manchester Board is approximately 600,000, this allocation is extremely meagre. The Senior School Medical Officer is therefore occupied full-time on psychiatry within the Child Guidance Service. Even so there is an urgent need for increased sessions conducted by Regional Board consultants in child psychiatry. It is always very difficult indeed to find social workers of appropriate training and personality for work in this service, which must, as yet, be considered inadequate for Cheshire's needs.

Vaccination against tuberculous infection by B.C.G., although part of the County provision under the National Health Service Act, nevertheless is mainly performed on school children and in co-operation with the head teachers at schools. It is regarded as an essential aid to good health by the great majority of parents, and it is interesting to look back to 1954 and compare findings. In that year 21.5% of school children aged 13 to 14 years were found to be positive to the patch test and 18.5% of those found negative or doubtfully positive to the patch test were positive reactors to the Mantoux or intradermal test. It is estimated that in that year 27.7% of school children aged 13 to 14 years gave a positive tuberculin reaction shewing thereby evidence of tubercular infection at some period in their lives. In 1962, throughout the County, parents' consent to B.C.G. vaccination was given in 77.7% of cases and the percentage found positive to the Mantoux test was 21.1%.

In those divisions composed entirely of urban areas the percentage of positives was 13.4, but in those divisions where approximately half or more of the population lived in rural districts this percentage was 30.0. These proportions can be expected to fall as more and more children have drunk no milk other than tuberculin tested or heat treated throughout their lives. In one division, where school entrants were given the Mantoux test only 5.8% of five-year old children were positive; the percentage of positives at age 12 to 13 years was 16.5.

Attention has recently been focussed on estimation of intelligence levels among school children by school medical officers. It is the rule in primary schools that head teachers conduct tests amongst their pupils aged 7 and 9 years and those shewing evidence of educational sub-normality are referred to the school medical officers. A short test has been

devised consisting of reading, drawing a diamond and performance (Koh's blocks) with a view to determining those for whom the full examination and report (2 H.P.) should be undertaken.

The educational policy in Cheshire provides that educationally sub-normal pupils shall be educated within the normal school system of primary and secondary schools but shall receive special education at those schools. The bulk of the teaching staffs are trained for this purpose. Exceptions are made in respect of educationally subnormal children who shew emotional difficulties, who come from unsatisfactory homes or who for some other reason require to be educated under residential circumstances at special schools. An endeavour was made to trace the after-school history of 473 school leavers, all with ascertained I.Q.s of 75 or less, particularly with regard to employment. The results of this enquiry are shewn later in this report, and shew that the great majority of these pupils, on leaving school, were able both to obtain and keep employment. Even in the group with an I.Q. below 54, more than half the boys traced were in employment.

Such a service as School Health can only be carried on efficiently with the willing co-operation and help of the administrative staff of the Education Department, the Head Teachers and other teaching staffs. This help and co-operation has been shewn constantly through the year and I am deeply grateful.

My thanks are also due to the Chairman and members of the Special Services Sub-Committee, the Director of Education and the County Architect, for their willing help at all times.

I must also thank the medical, dental, nursing and lay staff engaged in the School Health Service for their loyalty, keenness and efficient work throughout the year.

I beg to remain,

Your obedient servant,

ARNOLD BROWN.

Principal School Medical Officer.

August, 1963.

General Statistics

The Administrative County of Cheshire comprised 42 County Districts, namely 10 Municipal Boroughs, 22 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1962 was 944,190.

The total number of schools in the educational area at 31/12/62 with their enrolments was as follows:—

Primary	.....	.....	.....	.....	.....	460	83,796
Secondary (Grammar)	.....	.....	.....	.....	.....	26	21,528
Secondary (Modern)	.....	.....	.....	.....	.....	77	31,137

At the end of 1962 there were 115,536 children in maintained schools receiving school milk (82.56% of those present) and 77,785 receiving school meals (61.38% of those present). Of the 77,785 meals 2,786 were supplied free.

Annual Dental Report, 1962

(from Mr. A. F. Hely)

(1) General

The most interesting and satisfactory item to report for the year is that the Minister of Health formally announced to the House of Commons the support of the Government for fluoridation of water supplies.

This decision was reached after six months' exhaustive investigation and examination of the official "Report on the Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years".

There can be no doubt that this proposal is a perfectly safe and beneficial measure for the community in general and it has the support of the leading medical, dental, and local government bodies in the country.

It will be some years before an assessment can be made of the value of this measure, but it is heartening to know that a harmless prophylactic has been discovered, proved effective, and accepted, which will do something towards combating the ravages of dental decay which show no signs of abating.

Although a great deal may be expected from fluoridated water in relation to dental caries, it is well to remember that caries is not eliminated and that there are other diseases of the oral cavity which do not react to its influence. Continuous, intensive dental health propaganda is still very necessary.

The overall condition of children's teeth and general dental health continues to be reasonably well maintained in the County, but there is

room for improvement which can only occur when staffing problems have been overcome. All areas in the County were covered during the year although it was not possible to provide a completely balanced service in a few districts.

School population continues to increase and it would give me much satisfaction to report that dental manpower in the school dental service had increased proportionately. There are indications that this may happen in the not too distant future, but at present the situation appears static and losses of staff are just balanced by new entrants. Young male graduates in particular appear reluctant to accept a career in Public Dentistry on a full-time engagement although a number offer occasional sessions whilst developing their private practices.

It is still not possible to offer a regular, yearly dental inspection to all children in the County, but it is gratifying to note that an increasing number of parents bring their children to dental clinics for periodic inspections and treatment. I believe that dental health propaganda is showing results and more parents are realizing the importance of periodic visits to the dentist.

I mentioned in my report for the year 1961 that Mr. Dodd, the Dental Officer for the Northwich area, was carrying out a survey on the dental health of school children in his area. The results of this survey are too detailed to submit with this report, but a summary prepared by Mr. Dodd is attached. Another of the most significant observations in the full report on this survey is quoted, "Only one school out of ten did not sell biscuits at school break time. The D.M.F. (diseased, missing, or filled) rate index for this school was quite noticeably less than the others." This observation referred to children in the 11 year old group, and I understand that the reason biscuits were not sold was that the Headmaster appreciated the potential danger to the teeth of his pupils which ensues from this practice. The 5 year old group showed no appreciable difference from other schools and one can assume that the children in this group had not been at school long enough to be influenced by the wisdom of this Headmaster.

The Dental Hospitals in Liverpool and in Manchester have, as in the past, been most helpful and co-operative. The Dental Department at Clatterbridge has shown the usual willingness to offer assistance in cases which needed hospital treatment and the smaller hospitals have been most co-operative in offering facilities for patients needing supervision.

(2) Staffing

The policy observed in the County of only accepting dental officers on a permanent engagement is in my opinion sound. The employment of dental surgeons on a temporary, sessional basis does not help in maintaining a service which demands continuity. Parents and children react unfavourably to frequent change of dentist.

There were 19 applications for posts during the year, 13 from men and six from women. Of the 13 men, seven were only prepared to offer limited sessions for an unspecified period of time. Of the remaining six, rates of pay were unattractive in two cases, posts in areas of their choice were not available in two cases, and the remaining two candidates did not follow up their applications.

Three of the women who applied for posts were appointed, two were only interested in temporary part-time posts, the remaining one was not prepared to accept the salary offered.

Mr. Reece and Mr. Twelves resigned from the County service during the year. Mr. Reece was appointed Principal Dental Officer to the Montgomeryshire Authority, Mr. Twelves resigned to take an appointment with the Army.

A total of 314 sessions were lost from sickness during 1962. This was 87 sessions less than the preceding year. Surgical treatment for abdominal complaints was required by two dental officers, and this accounted for the loss of 164 sessions. Other sicknesses were of a minor nature.

(3) Clinics

All clinics were inspected during the year and several major items of equipment were renewed. New air turbine engines were installed in five clinics and they are much appreciated by patients and dentists.

A few of the older clinics are still furnished with equipment which should be replaced by more modern types, but since new clinics are planned for the districts in which they are situated, expenditure on new equipment would not appear to be good policy.

The opening of the new clinic at Eastham was welcomed as it provides a much more conveniently situated centre than previously.

(4) Statistics

(a) Staff

Expressed in terms of whole-time dental officers, the numerical strength of the dental staff was 23.9. This shows no change from the state existing at the end of 1961.

An analysis of this figure shows that 21 dental officers completed a full year of whole-time service; three dental officers a full year of part-time service; and three whole-time and one part-time dental officers did not complete a full year's service.

(b) Inspections

The percentage number of children inspected was 72.5 of the school population. This was slightly higher than 1961, when the figure was 72.1%. This figure compares favourably with the National figure of 53.6% for 1961.

Children found to require treatment numbered 57.9% of those inspected compared with 58.9% in 1961 and the National figure of 61.2% for the same year.

Of the children found to require treatment, 88.9% were referred, which is exactly the same figure as that reported for 1961 and is to be compared with the National figure of 87.0% for 1961.

(c) *Children Treated*

The number of children accepting treatment in County clinics was 56.4% of those referred, a slight decrease from the figure of 58.4% which was reported last year when the National figure was 58.4% also.

The recorded figure of parents who stated that their children would receive treatment from their family dentist was 30.7% of those offered treatment, which is 0.1% less than 1961.

(d) *Fillings and Extractions*

Examining the figures relating to conservation work and extractions a continued increase in the number of fillings inserted compared with the number of teeth extracted is noticed.

The number of permanent teeth extracted amounted to 33.9 per 100 children treated compared with 37.1 per 100 in 1961 and the National figure of 33.5 for 1961.

Temporary extractions numbered 83.8 per hundred children in 1962 compared with 84.9 and the National figure of 77.3 per hundred in 1961.

Permanent fillings per 100 children numbered 155.6 in 1962 compared with 154.8 in 1961 and the National figure of 141.04 for the same year, whilst temporary fillings rose from 25.4 per 100 children in 1961 to 29.2 per 100 in 1962 compared with the National figure of 27.9 for 1961.

(5) **Orthodontics and other Operations**

- (a) Attendances at County clinics for orthodontic treatment numbered 2842, an increase of 399 on the figure reported for 1961. Cases referred for specialist treatment numbered 260 compared with 268 in 1961.
- (b) Artificial dentures were fitted in 246 cases which is 16 less than the previous year.
- (c) Crowns were fitted in 16 cases during the year and gold inlays in three cases.

(6) **Holiday Appointments**

Appointments made for dental treatment during school holidays were again reasonably well kept and 68% of the children for whom these appointments were made attended.

(7) **Special Schools and Homes**

- (a) Capenhurst Grange, Grappenhall Hall, Massey Hall, and Torpenhow were all visited during the year and the necessary dental work was carried out on the premises.
- (b) Children attending Junior Training Centres were also treated during the year.

(8) **Acknowledgments**

I again record my thanks to Headmasters and Teachers throughout the County for their help and co-operation, without which our task would be so much more difficult.

I gratefully acknowledge the advice, courtesy and guidance which has always been available to me from the Principal School Medical Officer.

On behalf of the dental staff I record my thanks and appreciation to the staff of the County Medical Officer at County Hall and in the field for the willing and efficient manner in which they have always helped.

A Summary of Two Surveys on the Dental Health of School-children in the Northwich Area

1962

*By D. M. Dodd, B.D.S., L.D.S.,
School Dental Surgeon, Northwich.*

An average of 5.74 deciduous teeth in the five-year olds and 5.71 permanent teeth in the eleven-year olds, were either decayed, missing, or filled, in each mouth. In the five-year olds the boys teeth were worse than the girls, and in the eleven-year olds the girls teeth were worse than the boys.

A large majority of the children displayed a Class I jaw relationship, but normal occlusion was much more noticeable in the five-year olds. Slightly more older than younger children had a Class II relationship. The connection between normal occlusion and the effect on same of extracting molar teeth, was inconclusive in both age groups. The most constant obvious effect of extractions, was an increase of 4—6% in the number of Class II cases.

Over half of the children had fair gingival health. More girls than boys, in both age groups, had good gingival health. However, more girls than boys had poor gingival health among the eleven-year olds, and more boys than girls among the younger ones.

Over half of the children used a toothbrush at least once a day, the girls being more conscientious than the boys. In the older age group,

the percentage of those not using a toothbrush at all was considerably less than that in the younger age group. In other words, the older the child, the more it begins to take an interest in cleaning its teeth—if only in an irregular way.

Between 80% and 90% of cases with normal occlusion displayed good gingival health. Also, when the toothbrush was used at least once a day, about 68% of the five-year olds and 78% of the eleven year olds had good gingival health. More than half of the cases of fair gingival health were found in similar circumstances to the above.

Thus normal occlusion and regular use of the toothbrush seem to be closely associated with good gingival health, and that in the above age groups of patients, the 'fair' gingival fraction is encouraged at the expense of the 'poor'.

It is interesting to consider at this point that, among the eleven-year olds, the girls showed 51% of mutilated dentitions and the boys 30%. In other words, even though the girls were more conscientious in the use of the toothbrush than the boys and showed a higher percentage of good gum conditions, they showed a 20% increase in mouths which had had one or more first permanent molars extracted. One wonders from this in which direction the main benefit from the toothbrush lies. On balance, the answer would seem to point to an improvement in gingival health as opposed to a reduction in the amount of gross caries.

In all cases examined it was found that the permanent teeth began to erupt earlier in the girls than the boys. This was in contrast to the sequence of eruption in the deciduous dentitions.

It was noted that, so far as the sevens were concerned, the dates of eruption were somewhat earlier than the tables of twenty or thirty years ago would seem to suggest.

Relationships were also observed, (a) between premature loss or extraction of deciduous teeth and a subsequent earlier eruption of permanent teeth, and, (b) between the earlier eruption of permanent teeth and an earlier onset of caries.

Thus we have at least two possible supplementary causes of increase of caries today; firstly, large scale extraction of deciduous teeth (because of caries therein) leading to earlier eruption of the sixes, and, secondly, some form of mutatory change, causing earlier eruption of some teeth—both of the above leading to an earlier onset of caries in same.

School Buildings

The following major works were completed or in progress during 1962:—

New Schools Completed

Ellesmere Port Sutton Secondary Modern School
Crewe Training College—Hostel No. 6
Mid-Cheshire College of Further Education
Bramhall Chip Hill Primary School
Hyde, Oakfield, Primary School
Upton, Plas Newton, Primary School
Greasby, Brookdale, Primary School
Wilmslow, Ashdene, Primary School
Holmes Chapel Primary School
Marple, High Lane, Primary School
Alsager, Cranberry Lane, Primary School
Cheadle, Outwood, Junior School
Wilmslow, Gorsey Bank, Primary School
Sale West Junior School
Sale West Infants School

Extensions and Alterations to existing Schools completed

Crewe County Training College—Major Extensions
Bromborough, Mendell, Primary School—Extensions

New Schools in course of erection

Macclesfield, Hurdsfield, Junior School
Hazel Grove Secondary Modern School
Cheadle Secondary Modern School
Hartford Secondary Modern School
Wilmslow Secondary Modern School
Ellesmere Port Girls Grammar School
Eastham Carlett Park College of Further Education
North Cheshire College of Further Education
Ellesmere Port, Mansfield, Primary School
Cheadle, Heald Green, Primary School
Hyde, Pinfold, Primary School
Runcorn, Weston Point, Primary School
Macclesfield, Ivy Bank, Primary School
Neston, Raby Road, Primary School
Marple, Girls Grammar School
Handforth West Primary School
Macclesfield, Tytherington, Secondary School
Congleton Boys Modern Secondary School
Pensby County Infants School
Eastham Carlett Park College of Further Education
North Cheshire Central College of Further Education
Macclesfield College of Further Education

Extensions and Alterations in course of erection

Ellesmere Port, The Grange, Secondary Schools—Extensions
Helsby County Grammar Schools—New Kitchen and Dining
Rooms
Alsager County Training College—Re-development
Cheadle Girls Grammar School—Extensions
Marple Boys Grammar School—Extensions
Frodsham Secondary School—Extensions
Weaverham Secondary School—Extensions
Altrincham Boys Grammar School—Extensions
Alsager Secondary School—Extensions

In addition, a heavy programme of smaller contracts for demountable classrooms, science laboratories, craft rooms and extensions to kitchens and dining rooms, has been completed during the year and many such contracts were still in progress at the end of the year.

SPECIAL SERVICES REPORTS

Ear, Nose and Throat Service

(From Dr. O. T. Taylor)

A large number of children attending the County E.N.T. Clinics suffer from conductive deafness. It is of interest to consider three of the commoner causes of this condition—recurrent otitis media, middle ear effusion and chronic suppurative otitis media.

Recurrent middle ear infection secondary to adenoid infection or sinusitis, is curable in most cases by removing the adenoid or treating the sinuses. Restoration of hearing results, and this is usually permanent. In some children previous damage to the drum or ossicular chain has resulted in a certain amount of residual deafness for which further surgery may or may not be helpful.

Middle ear effusion is a different entity. The etiology is imperfectly understood. Certain changes in the pharyngotympanic tube, middle ear and mastoid antrum result in a collection of fluid in the middle ear. Adenoid disease, sinusitis or an allergic state may play a part. As a first measure, and, according to the indications, adenoid removal, sinus treatment or a large course of antihistamines may be beneficial. Along with this an examination of the tympanic membrane under magnification and aspiration is essential. The resulting improvement may be permanent, or, with fluid collecting behind the drum again, deafness may develop once more. This necessitates a further examination of the ears under magnification and aspiration. Such a procedure may need to be repeated again and again. In some cases spontaneous improvement may occur without any treatment. This may not occur for a number of years, however, and even if it were possible to segregate these ultimately favourable cases by means of some special clinical standards, which we do not at present possess, the fluctuating hearing during the years of affliction would require special educational consideration. At present to leave such a condition without interference is dangerous. Since the condition in many cases is likely to run a long and unpredictable course, one finds over the years a growing number of "old patients" demanding frequent reviewing and taking up a large part of clinic time. It is really only after a fairly long period of maintained hearing improvement that one feels justified in discharging these children.

Chronic suppurative otitis media. Ear toilet, minor surgical treatment or more radical mastoid operations all play their part, and although hearing is never restored to a normal level, the ear may be made dry and safe. The main aim is, of course, to prevent this condition arising by energetic treatment of the precursory condition. This, one is happy to say, is being achieved and the frequently seen chronic suppurative otitis media of the old days is becoming a rarity.

The problems these three conditions present are often difficult, sometimes tedious, but never unrewarding. The County Clinics offer excellent opportunity for their detection, treatment and long review.

ATTENDANCES AT E.N.T. CLINICS, 1962
(School Children only)

Alsager	---	---	102	Hazel Grove	---	69
Cheadle	----	----	209	Macclesfield	-----	154
Congleton	-----	---	125	Northwich	-----	116
Crewe	-----	-----	133	Poynton	-----	26
Dukinfield	---	---	143	Sandbach	-----	112
Ellesmere Port †	---	---	225	Winsford	-----	74

† A Consultant from Chester Hospital Management Committee attends this clinic.

Ophthalmic Service

(from Dr. A. Holmes-Smith)

The work of the Ophthalmic Clinics has been severely handicapped by the death of Dr. L. R. C. Rose in January and the retirement of Dr. Cyril Jacobs in August after 40 years service. There has been difficulty in making new appointments consistent with the principle of the association of County Ophthalmologists with hospital appointments—however, at the time of writing (April, 1963), a full complement of Ophthalmologists is again at work but there will inevitably be some delay in overtaking the work left undone in the interim.

Similar difficulties are found with Orthoptists and there has been no appointment in the S.E. part of the County during the year. This problem will be further aggravated by the closing of the training department at the Manchester Royal Eye Hospital due to the shortage of teaching staff.

Your Ophthalmologist notes with pleasure that manufacturers of fireworks are to limit the making of small and highly dangerous bangers. The annual firework season is always one of anxiety to the school ophthalmic service. The wider use of both air and shot guns gives rise to concern. Where these fall into irresponsible hands danger to the eye must always be expected. These are two fields in which preventive Ophthalmology must be continually active.

After 15 years in the County's service your Ophthalmologist is now seeing his early young patients leaving the schools to start employment. In those cases where it is needed, letters to the family doctor promote continuity of treatment in the hospital service and this is appreciated by both patients and their parents. The period has also seen a greatly increased co-ordination between the various Health Authorities and

patients moving from one authority's area to another will almost invariably be accompanied by their previous notes, saving a great deal of unnecessarily repeated work.

The 1961 Report of the Chief Medical Officer of the Ministry of Education carries a preliminary report upon Reading Delay (Dyslexia) and your Ophthalmologist was pleased to meet the Medical Officer responsible for the work and to discuss with him certain cases from the county. The child with reading difficulties is frequently suspected of defective vision and may be referred to the Ophthalmologist. It will be of considerable help if the differentiation of those who have poor reading attainment can be more easily performed, and the work will be followed with interest. (Health of the School Child, 1960 and 1961, page 129).

In the field of general ophthalmology experimental use of an anti-viral substance has been applied to dendritic and herpetic keratitis with encouraging results. The problem of treating virus infections is a difficult one because the infective agent is growing in the corneal cells themselves and in attacking the virus the corneal cells may be damaged with resultant opacity and diminished vision. Any advance in treatment will, therefore, be extremely welcome.

May I, in conclusion, draw attention once again to the invaluable work of the Health Visitors in the Ophthalmic clinics. Their knowledge of the pupils' circumstances arising out of their school work results in the successful following up of patients in a way which would be difficult with a lay assistant. Particularly in the young child with a squint of early onset their help is material to the satisfactory outcome of treatment.

ATTENDANCES AT EYE CLINICS, 1962.

Alsager	---	---	179	Lymm	---	---	202
Bollington	---	---	129	Macclesfield	---	---	1380
Bredbury	---	---	119	Marple	---	---	159
Cheadle	---	---	233	Middlewich	---	---	146
Cheadle Hulme	---	---	146	Nantwich	---	---	315
Congleton	---	---	380	Neston	---	---	355
Crewe—Ludford Street	---	---	439	New Ferry	---	---	840
Stalbridge Road	---	---	268	Northwich	---	---	1169
Dukinfield	---	---	436	Poynton	---	---	88
Ellesmere Port	---	---	697	Runcorn	---	---	340
Frodsham	---	---	232	Sale	---	---	290
Hale	---	---	293	Sandbach	---	---	739
Hazel Grove	---	---	175	Stalybridge	---	---	438
Heswall	---	---	326	Stockton Heath	---	---	203
Hoole	---	---	161	Tarporley	---	---	94
Hoylake	---	---	436	Weaverham	---	---	320
Hyde	---	---	377	Wilmslow	---	---	167
Knutsford	---	---	135	Winsford	---	---	224

Paediatric Service

(from Dr. J. D. Allan)

The County Paediatric Service has continued as in previous years on the general basis of three consultative clinics per month based in the towns of Crewe and Northwich (two clinics in Crewe and one in Northwich). There is a continuous reference of patients by the general practitioners. From these clinics, as and when necessary, children requiring further investigation for diagnosis are admitted to hospital, generally in Macclesfield. Both these clinics continue to fulfil very useful purposes in that a wealth of clinical material is uncovered through this agency, a fact which is due largely to the circumstances that neither Northwich nor Crewe have any official Regional Board Paediatric cover. I should say that the general practitioners are continuing to make adequate use of the service which we provide—this being particularly true of Northwich. As in previous years we have used the local hospitals for the more routine investigations and x-rays to avoid any unnecessary use of the ambulance service and to try to avoid loss of work and inconvenience to parents. It has been our experience that any hospital approached thereby has co-operated invariably whole-heartedly.

The Cerebral Palsy peripatetic team continues to thrive and it is felt that this has been an unqualified success. We are still operating on the premise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that full calibration of disability established early will result in an adequate orientation of necessary therapy at the earliest possible time. There can be no doubt that this service is useful and justified. Perhaps one of the best indications that the project is worthwhile is the enthusiasm and appreciation of the parents which in turn is reflected in the very high standard of attendance achieved at these clinics.

The ward rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

ATTENDANCES AT PAEDIATRIC CLINICS, 1962

(School Children only)

Crewe, Ludford Street	37	Northwich, Darland House	33
Crewe, Stalbridge Road	21		

Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist continues to operate at clinic centres at Cheadle, Crewe, Macclesfield and Weaverham, and once a month at each clinic Dr. J. D. Allan, the Consultant Paediatrician, attends. The team works in close contact with the appropriate speech therapist and has the services of an assistant county medical officer specially trained in the ascertainment of intelligence in physically handicapped children. Children

usually attend the clinics for treatment once or twice each week. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics.

The table below gives details of the children attending the clinics during 1962:—

CEREBRAL PALSY CLINICS

	Cheadle	Crewe	Maccles- field	Weaver- ham
Number of children:				
(a) Attending at the end of the year	26	23	14	15
(b) Under 5 years of age	8	11	4	5
(c) Unsuitable for education	1	6	3	4
(d) Improved sufficiently to:				
(i) attend school	—	1	1	1
(ii) have home tuition	—	1	—	2
(e) Already at school	17	6	4	2
(f) Already receiving home tuition	—	—	2	3
(g) Who were admitted to clinic during year	11	7	3	4
(h) Transferred to other centres	3	2	2	1
(i) Who ceased attendance	—	2	2	1
(j) Fit for discharge	3	—	—	1
(k) Died	—	1	—	1
(l) Discharged as unsuitable	—	1	—	1

Orthopaedic Service

The orthopaedic service is the financial responsibility of Regional Hospital Boards under the National Health Service Act. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by school medical officers after medical inspection at schools or minor ailment clinics.

ATTENDANCES AT ORTHOPAEDIC CLINICS, 1962

(School Children only)

Dukinfield	728	Northwich	400
Ellesmere Port	115	Runcorn	330
Hyde	1025	Stalybridge	706
New Ferry	275		

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1962 by school children at the clinics specified:—

Dukinfield	1256
Hyde	1795
New Ferry	270
Sale	384
Stalybridge	1957

Psychological Service

(from Dr. H. Craig)

<i>Ellesmere Port</i>	New Cases	.....	.....	.....	49
	Total Attendances	.....	.....	.....	246
<i>Northwich</i>	New Cases	.....	.....	.....	27
	Total Attendances	.....	.....	.....	112
<i>Sandbach</i>	New Cases	.....	.....	.....	69
	Total Attendances	.....	.....	.....	269
<i>Handforth</i>	New Cases	.....	.....	.....	82
	Total Attendances	.....	.....	.....	287

The Service continues to develop, the main part of the work being concentrated at the above four centres. It is apparent, however, that parents do not bring their children with the same attitude generally shown when help is requested for some physical complaint. This is reflected in the erratic way a certain number of parents have of keeping their appointments. Of course there is no single cause for non-attendance or failure to keep appointments, and in looking into the matter there are obviously cases who fail to attend for reasons that might apply irrespective of the complaint. Understandable causes occur where there is illness in the case of the mother or one of the other children in the family, where the mother may be expecting another child, and where the father cannot afford to take time off from work. There is, however, a hard core of cases where the cause seems to be lack of co-operation. When it is a case of transport difficulty an endeavour is made to arrange the time of the appointment to fit in with the transport services available. Another method which we have found helpful in dealing with this problem is to arrange for the preliminary investigation to be done locally and where therapy is required we have found after the preliminary investigation that parents are usually more willing to co-operate than might have been the case in the first place; for instance, during the year 27 cases have had a preliminary assessment at Northwich and 14 of these came along for therapy at Sandbach on a fairly regular basis.

Whilst the staffing position is much the same as in previous years, there was a difficult period of three to four months when two Psychologists left for other appointments and it was not possible to replace them until later in the year.

At the time of writing there are 288 cases on the books and during the year Magistrates of various Juvenile Panels remanded 41 boys and five girls for full medical and psychiatric reports.

I would take this opportunity of again thanking all concerned in the working of the Service which aims to help difficult and disturbed children to a happier and more responsible citizenship.

Audiology Service

At routine medical inspections during the year, 1,258 children were noted as having a defect of hearing which required observation or treatment. Otitis media was similarly noted in 430 children, and a defect of speech in 825. All such cases, as well as others whose hearing is suspect (referred by parents, teachers, family doctors and health visitors), and all who are backward, disturbed or otherwise handicapped, require further investigation and follow-up with regard to hearing. This is done initially by the Assistant County Medical Officers, each of whom is equipped with an audiometer, with which the severity of hearing loss can be measured, and in many cases the type ascertained. They also see pre-school children in these categories, and those who have failed in the routine screening tests which are carried out by health visitors.

Many cases are referred for otological opinion, and treatment where this is indicated. In addition, the help of the peripatetic teacher of the deaf is enlisted, to assess the extent to which the impairment of hearing is likely to affect school progress. Where improvement cannot be expected, or is likely to be delayed, a hearing aid may be required, and this can usually be supplied through the National Health Service. 24 schoolchildren were supplied with hearing aids during the year, bringing the total to 127 in use in ordinary schools. All these children receive help from the peripatetic teachers, who hold regular sessions at a number of clinic centres, as well as offering guidance to the parents and teachers. Increasing use is being made of high-fidelity amplification, provided by speech training hearing aids, a further number of which has been provided for loan to those children selected as being most likely to benefit from this.

Educational treatment presents a considerable problem, as a great many of the children with impaired hearing are seriously retarded particularly in the field of language development. At the end of the year more than 300 children attending ordinary schools were known to have a significant impairment of hearing (in one or both ears) which was likely to be permanent. All of these were under the supervision of the peripatetic teachers, but it has not been possible for the two teachers employed to give regular help to all. Even were more remedial help available, a number of children would still require full-time special educational treatment in special units or schools, and 113 County children, seven of whom were under five years old, were attending special schools for the deaf or partially deaf at the end of the year.

In addition to these children, very many more are known to have a fluctuating impairment of hearing which is likely to interfere with their learning, particularly during the vital early years. A pilot survey conducted in one area during the past two years, has shown that in a group of over 600 unselected five year olds more than 10% have a significant hearing loss (over 40 decibels) in one or both ears. Further

investigation showed that in most cases the loss was almost wholly conductive, but repeat testing of the same children at six years still showed more than 10% with significant loss. These were not all the same children, confirming that this is largely a problem of fluctuating loss in this age group.

133 new cases were seen at the Audiology Clinics during the year, referred because of doubt or difficulty in diagnosis, and problems concerning educational treatment. These clinics are held approximately three monthly at eight centres in the County, and we are still fortunate in having the help of Professor Sir Alexander Ewing and Dr. Ian Taylor, who attend in a consultant capacity. The Assistant County Medical Officers also come to present their cases, as well as the peripatetic teacher for the area, and whenever possible the consultant otologist (whose help is much appreciated) also attends. This team approach is found to be most valuable, leading to excellent co-operation of all concerned with the work, to the great benefit of the children.

With routine screening tests in infancy, and full investigation of all children who fail in these, or show any retardation in speech development, all those with serious losses should be found well before school age. Parent guidance can then be started, and expert help given, before a decision is made regarding the need for special schooling. This ideal has not yet been reached, but our staff are constantly striving towards this goal.

AUDIOLOGY CLINICS—1962

CENTRE	New Cases			Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Hale	10	5	15	16	9	25
Romiley	6	14	20	8	17	25
Crewe	6	10	16	10	22	32
Northwich	2	8	10	9	14	23
Chester	12	8	20	15	12	27
Ellesmere Port	9	9	18	11	15	26
Macclesfield	6	17	23	7	23	30
Cheadle	1	11	12	1	15	16
TOTAL.....	52	82	134	77	127	204

CHILDREN UNDER THE CARE OF THE PERIPATETIC
TEACHERS OF THE DEAF, 1962

(a) EAST CHESHIRE

CENTRE	No. of Children on Register	No. of New Cases admitted	No. of Children discharged	Total Attendances
Crewe	17	4	—	132
Hale	7	—	—	31
Dukinfield & Romiley	26	2	—	53
Macclesfield	33	6	—	159
Sale	8	1	—	50
Cheadle	25	7	—	58
TOTAL	116	20	—	483

This area was without a teacher from 1.8.62 to 31.12.62.

(b) WEST CHESHIRE

CENTRE	No. of Children on Register	No. of New Cases admitted	No. of Children discharged	Total Attendances
Heswall	44	30	1	213
Little Sutton	47	20	6	259
Northwich	54	19	10	242
Runcorn	24	11	5	161
TOTAL	169	80	22	875

Torpenhow Open Air School

The school is situated on the hill at Frankby overlooking the estuary of the River Dee.

Owing to the general improvement in the health of children and housing conditions generally over the past few years the demand for open-air school education by Cheshire children has declined. In 1961, therefore, it was decided to reduce the number of pupils the school would accommodate to 50, with intakes three times each year, and to give priority for admission to cases of asthma, bronchitis and bronchiectasis etc. Only if there are then vacancies are cases of general debility admitted. These new arrangements operated from the beginning of 1962.

Children suitable for admission are selected by the school medical officers at medical inspections and enter Torpenhow Open-Air School initially for a period of at least two terms, this being renewed if found to be necessary. Pupils remain at Torpenhow throughout the year with the exception of the month of August and a few days over Christmas, and attend the school during the normal school term. During

the school holidays a number of recreational activities such as walks, picnics, games and visits to places of interest are organised.

The School Dental Service was responsible for treating 26 pupils after carrying out 39 inspections during the year. During the year three children from other authorities attended the school and altogether 63 children were admitted and 61 were discharged. They were classified according to their various disabilities as follows:—

	<i>Admissions</i>		<i>Discharges</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
General Debility	25	13	19	12
Asthma	2	1	10	1
Bronchitis	13	3	9	1
Bronchiectasis	1	1	—	1
Eczema and Asthma	1	2	3	3
Psoriasis	—	1	—	2
	42	21	41	20

Grappenhall Hall School

This school has 100 places for educationally sub-normal boys generally within the I.Q. range of 55-75 aged 8-16 years, who suffer from additional difficulties such as poor environment, maladjustment, delinquent tendencies. In certain cases boys are admitted for a trial period in order to determine whether or not they are suitable for education when this is in doubt.

The progress of the boys is kept under constant review and those who prove to be unsuitable for education are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the school to the age of 16 years will be able to take up ordinary employment.

The school was fully occupied all year, during which there were 21 new admissions taking the places of children discharged.

The school dental surgeon carried out 99 inspections at the school in 1962, and 41 boys found to require treatment were treated before the end of the year.

Capenhurst Grange School

There are 38 places for girls at this school which accepts the same type of child and is conducted on the same general lines as the Grappenhall Hall School. These places were fully occupied throughout 1962 when there were seven new admissions replacing children discharged.

During the year, the school dental surgeon made 38 inspections at the school, as the result of which 14 girls received treatment.

EDUCATIONALLY SUBNORMAL SCHOOL LEAVERS EMPLOYMENT AFTER LEAVING SCHOOL

Enquiries were made regarding particulars of employment and after history of educationally subnormal children who had been educated in ordinary schools in Cheshire and had left school between 1958 and 1962.

The enquiry was carried out from February to May, 1963.

A. Number of enquiries made

	<i>Males</i>	<i>Females</i>
Ascertained I.Q. 65—75	168	113
Ascertained I.Q. 55—64	83	46
Ascertained I.Q. 54 or below	39	24
	290	183
Total males and females		473

B. Particulars of present occupation, etc.

	<i>Males</i>	<i>Females</i>
<i>I.Q. 65—75</i>		
Employed	120	74
In training centres	4	2
In residential homes or hospitals	4	2
Died	1	—
Married women and not employed	—	9
Unemployed	5	5
Not traced	34	21
	168	113
<i>I.Q. 55—64</i>		
Employed	53	26
In training centres	5	10
In residential homes or hospitals	6	—
Died	1	—
Married women and not employed	—	2
Unemployed	2	6
Not traced	16	2
	83	46
<i>I.Q. below 55</i>		
Employed	19	5
In training centres	10	10
In residential homes or hospitals	3	4
Died	1	1
Married women and not employed	—	—
Unemployed	2	1
Not traced	4	3
	39	24

C. *Type of job held on date of enquiry*

Males

	I.Q. 65—75	I.Q. below 65
Building trades apprentices	16	4
Labourers	23	20
Roundsmen	5	1
Other apprentices	9	3
General assistants	5	2
Gardeners	9	5
Shoe repairers	3	—
Farm workers	20	20
Machinists	3	3
Mechanics	2	—
Railway workers	2	3
Refuse collectors	2	—
Warehouse, etc., packers	6	3
Domestic	4	1
Mill workers	4	—
Shop assistants	2	1
Others	5	6
	<hr/> 120	<hr/> 72
	<hr/>	<hr/>

Females

	I.Q. 65—75	I.Q. below 65
Machinists	11	7
Shop assistants	10	—
Hairdressers	4	—
Packers	12	5
Dental receptionists or nurses	2	—
General assistants	10	3
Domestics	6	6
Clerks	2	—
Bakehouse	4	2
Laundry	3	2
Textile workers	4	—
Canteen workers	2	—
Seamstresses	—	2
Sorter	—	2
Others	4	2
	<hr/> 74	<hr/> 31
	<hr/>	<hr/>

D. Number who have been employed at some time since leaving school

Males

Females

I.Q. 65—75	126	I.Q. 65—75	79
I.Q. 55—64	55	I.Q. 55—64	32
I.Q. below 55	21	I.Q. below 55	6
	<hr/>		<hr/>
	202		117
	<hr/>		<hr/>

E. Notes

- (a) In care of Children's Department:—
 Boys I.Q. 64—75 1
 Girls I.Q. 55—64 2 (one of whom had illegitimate child)
- (b) Work stated to be unsatisfactory—2 boys
 (c) Said to be living an "unsatisfactory life"—1 girl
 (d) Has been in Borstal—1 boy
 (e) Has been in prison—1 boy
 (f) Have been before the Courts—6 boys, 1 girl
 (g) Have been in approved schools—2 boys

Milk in Schools Scheme

All milk supplies under this Scheme are subject to the approval of the County Medical Officer, and the County Health Department supervises all supplies by means of systematic sampling, and by routine inspections of dairies within their jurisdiction from which school milk supplies emanate.

Any new supply proposed for any particular school is first referred by the Director of Education to the Health Department for approval.

So far as the approval of particular sources is concerned, a suitable supply of pasteurised milk is obtained wherever possible. If this is not available, a supply of tuberculin-tested (raw) milk has so far been accepted.

As will be seen from the table at the end of this section, at the end of the year, only four of the 668 schools in the county were being supplied with raw tuberculin-tested milk. This is two less than last year, and the whole of the remainder have a supply of pasteurised milk. It appears that under present circumstances and owing to the rural nature of the schools it will not be possible to obtain a supply of pasteurised milk to three of these schools. It is hoped, however, in the remaining case that a supply of pasteurised milk will be provided when the existing contract expires.

No school in the county was without a supply of liquid milk at any time during the year.

During 1962, sampling of all school milk supplies throughout the County continued, all samples being collected as the milk was being

delivered to the schools themselves. A total of 1,686 samples was collected, as compared with 2,030 in 1961. All the schools in the administrative county are visited with the exception of the 32 schools in the area of the Crewe Borough Council. Here the Borough Health Department carry out regular school milk sampling by arrangement with the County Health Department and notify all results. During 1962, 46 samples were collected at the Crewe schools. All were satisfactory on both the methylene blue test and the phosphatase test.

Of the 1,603 samples of pasteurised milk collected by the County Health Department, 33 samples failed the methylene blue test (for cleanliness and keeping quality), and three samples failed the phosphatase test (for adequate pasteurisation).

Immediate action in the case of sample failures is taken by the County Health Inspector.

The 33 methylene blue test failures were a very substantial decrease on the 81 failures during 1961. The big decrease was no doubt due to the action taken by the Department during the summer and latter part of 1961. It is hoped that this improvement will be maintained during the current year.

Appropriate action was taken in the case of all these failures, and repeat samples were taken to ensure that a satisfactory standard was attained.

The three samples which failed the phosphatase test, compared with eight failures on 1,925 samples in 1961, were again an improvement on the previous year. Two dairies were concerned with the failures. These are situated, one in the area of an adjoining County Borough and the other in an adjoining County. They were referred to the Medical Officer of Health and the County Medical Officer of Health respectively for appropriate action. In all cases a thorough investigation was carried out; no reason for these failures was found. It is significant to note that none of the samples of pasteurised milk processed in dairies under the control of the County Council failed the phosphatase test.

In addition 37 samples of tuberculin-tested (raw) milk were collected, and of these seven samples failed the methylene blue test for cleanliness and keeping quality. In 1961, 46 samples of such milk were collected and nine failed the test. The sample failures were immediately notified to the Ministry of Agriculture, Fisheries and Food, which is responsible for clean milk production on the farms, with a request for appropriate action. Repeat samples were then, in general, found to be satisfactory but in one case a total of 12 samples were collected during the year, of which four were unsatisfactory. This is the supply to a school in a very isolated area where no pasteurised milk is available and where there is difficulty in obtaining alternative sources of supply. Both the Ministry and the producer were pressed for improvement.

In addition to the examinations quoted above, these raw T.T. supplies are given special attention by way of biological examination in view of the fact that they *are* raw milks.

During the year 21 school samples and 12 sets of bulk farm samples were submitted for biological and cultural examination. In no case were the organisms of tuberculosis or abortus fever isolated.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 335 washed school milk bottles from these dairies when the sampling officers were visiting for the purposes of other sampling under the Milk and Dairies Regulations. On the colony count (a test for the bacteriological cleanliness of the bottle), 266 were found to be satisfactory, 18 fairly satisfactory and 51 unsatisfactory. The number of unsatisfactory bottles is a substantial increase on the 1961 figure, when only six were unsatisfactory. Almost half of the bottles which were not satisfactory were obtained from three medium-sized dairies which have now closed. These were being pressed by the department for improvements in their bottle-washing equipment, and in two cases the department carried out special investigations. In the other case one reason for the dairy closing was the defective bottle-washing machine. Another dairy involved with the unsatisfactory results is now replacing its present congested and poor premises with a new dairy. The remaining unsatisfactory bottles were fairly evenly spread over the remaining dairies, i.e. they were isolated incidents which did not recur.

It is thus seen that a considerable amount of work is carried out to try to ensure that each day, while the schools are open, the whole of the 115,500 or so pupils who take school milk receive an article which is clean and free from all pathogenic organisms and is delivered in clean undamaged containers.

Occasional complaints do arise regarding dirty bottles, cracked or broken bottles, foreign bodies in the milk (including, sometimes, glass splinters), dirty condition of crates and unsatisfactory service. Cases of foreign bodies in the milk are dealt with by the Weights and Measures Department, which investigates and deals with the matters appropriately, if necessary instituting proceedings. The remaining matters are dealt with by the County Health Inspector, in some cases in co-operation with the local health departments.

In almost all instances, the bottles are satisfactorily dealt with at the schools, i.e. the bottles are emptied completely, caps and straws removed and the bottles placed for collection the next day. Under these circumstances, and even though no rinsing of school milk bottles is carried out at the schools, the dairies should have no difficulty in seeing that all bottles are adequately cleansed before re-filling, thus complying with their legal responsibilities. It inevitably happens however from time to time that a certain number of school milk bottles are mislaid or misused, and it does mean in these cases that the dairies must give

such bottles special treatment to get them into a clean and sterile condition again, and fit for use as milk containers. In some counties, the use of non-returnable containers (cartons) is being experimented with, and it may well be that this will eventually be the answer to the snags which do sometimes arise in the case of the glass container.

Tables are given below showing the sampling which was carried out during 1962 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

SCHOOL MILK SAMPLES AND EXAMINATIONS, 1962

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised Tuberculin-tested (raw)	1649	1646	3	1615	33
	37	—	—	30	7
TOTALS	1686	1646	3	1645	40

*The Methylene Blue test was void in one case owing to high atmospheric shade temperature.

At the end of 1962, the position in the county regarding school milk supplies could be summarised as follows:—

Type of Milk	Schools sampled by Cheshire C.C.		Schools sampled by Crewe M.B.C.		No. of Children † supplied	
	No. of different supplies of milk	No. of schools supplied	No. of different supplies of milk	No. of schools supplied	Total	As % of Total
Pasteurised Tuberculin-tested (raw)	67	632*	1	32†	115,353	99.85
	4	4§	—	—	183	0.15
TOTALS:	71	636	1	32	115,536	—

† Figures obtained from a census taken on a selected day in October, 1962.

* Includes 102 non-maintained Schools.

† Includes 1 non-maintained School.

§ Includes 1 non-maintained School.

(The milk in Schools Scheme has applied to non-maintained schools since 1st September, 1956, and all children attending both maintained and non-maintained Schools are entitled to one-third of a pint of milk free daily).

School Swimming Pools

For a considerable number of years older children from the County Junior Schools and children from Secondary and Grammar Schools, where practically possible, have received swimming instruction as part of the school curriculum at the nearest public, or, in two instances, privately-owned pools.

In recent years a number of schools have, by one means or another, constructed or are negotiating for the construction of their own swimming pools. In some counties the provision of school pools has gone ahead at a greater pace than in Cheshire, and it is thought that in Cheshire this trend will develop.

The Cheshire Education Committee issued a memorandum in February, 1962, on their policy for the "Provision of Swimming Baths". This laid down that all pools must be provided with a filtration plant (including automatic chlorination equipment) satisfactory to the Principal School Medical Officer.

By the summer of 1962 there were four schools with their own open-air swimming pools, another was in the course of construction and several more were in the planning stage for construction in the near future.

Details of the pools in use during 1962 are as follows:—

- | | |
|--|---|
| 1. Calday Grange County Grammar School | 56,500 gallons capacity. "Fill and Empty" system. Hand chlorination using liquid hypochlorite. |
| 2. Capenhurst Grange Special School | "Purley" learner pool. 4,200 galls capacity. Purley filtration and liquid hypochlorite automatic chlorinator. |
| 3. Greasby County Junior School | Learner pool. 14,000 galls. capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. |
| 4. Lymm Grammar School | Heated. 72,000 galls. capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. |

Of these, the Calday Grange and Lymm pools had been in use for a number of years, and it will be noted that the Calday Grange pool was not equipped with filtration or chlorinating plant and had to rely on hand chlorination.

Regular routine visits by the County Health Inspector or his Deputy were made in 1962 during the period when the pools were in use and any problem which may have arisen was discussed. Records kept by the person in charge of the pool were inspected and a check was made of the residual chlorine in the water.

Samples for bacteriological examination were also taken and submitted to the Public Health Laboratory Service for examination. Normally three samples were taken on each occasion, one each from the inlet, outlet and centre section of the pool. By this means a representative picture was obtained of the bacteriological condition of the water in the pool.

A total of 83 samples were taken during the season. 64 of these were satisfactory, 19 were unsatisfactory. These figures include a total of 33 samples which were taken from the "fill and empty" pool, of which 19 were satisfactory and 14 were unsatisfactory. In this case it was found quite quickly that for a pool of that size it was practically impossible to maintain the water in a bacteriologically satisfactory condition by hand chlorination, and this, coupled with the lack of filtration, meant that the water rapidly lost its attractive physical appearance and became cloudy and opaque. In order that the school could complete its swimming programme it was agreed to allow use of the pool to continue, under close supervision by the County Health Inspector. In this period of three weeks, the bath was emptied and cleansed after each five days of usage, and hand chlorination was carried out under supervision. Even so, of 27 samples collected during this period, nine were unsatisfactory. This, of course, confirmed the Department's opinion from the start that it is imperative that a pool of this size should have a reliable automatic filtration and chlorination plant, and the Education Department was asked to instal this equipment in time for the 1963 season.

It was always found that an unsatisfactory bacteriological report coincided with a negative or a low residual chlorine reading although it did happen on several occasions that an unsatisfactory bacteriological result was obtained when the residual chlorine reading was as high as 0.4 p.p.m. The reason for this is that in practice a heavy bathing load can quickly reduce the residual chlorine, and if a satisfactory bacteriological condition of the water is to be maintained throughout the pool it is necessary to have a sufficient reserve of free chlorine. Accordingly, we are now using a recommended residual chlorine figure of 0.5 to 0.8 p.p.m., and so far this has proved satisfactory.

The need for having a suitably trained person with time to devote to ensure that the filtration and chlorination plant is properly maintained and working satisfactorily and to take regular readings of the residual chlorine in the pool water cannot be over-emphasised. This is illustrated by the fact mentioned earlier in this report that the unsatisfactory bacteriological reports coincided with unsatisfactory residual chlorine readings.

HANDICAPPED CHILDREN

Numbers Attending Special Schools, 1962

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Classes	2	2	4
Chorley Wood, College for the Blind	—	2	2
Coventry, Exhall Grange School for Partially Sighted	5	6	11
Kettering, Rushton Hall	1	—	1
Kingswinford, Sunshine House	1	—	1
Leamington Spa, Sunshine House School for Blind Infants	1	—	1
Liverpool, St. Vincent's School for the Catholic Blind	3	3	6
Liverpool, Wavertree School for the Blind	8	5	13
Old Trafford, Henshaw's Institution for the Blind	4	3	7
Preston, Fulwood School for the Partially Sighted	3	2	5
Seaford, Blatchington Court	1	—	1
Sheffield, School for Blind Children	1	1	2
Shrewsbury, Condover Hall	1	—	1
Shrewsbury, Royal Normal College for the Blind	2	—	2
Southport, Sunshine House Nursery School	1	1	2
Wellington, Overley Hall Sunshine Home	—	1	1
Worcester, College for the Blind	3	—	3
DEAF AND PARTIALLY HEARING			
Bolton, Thomasson Memorial Special School	5	3	8
Burton-on-Trent, Needwood School for the Partially Deaf	3	4	7
Exeter, Royal West of England Residential School for the Deaf	1	—	1
Harewood, Bridge House School	1	—	1
Liverpool, Crown Street Day School for the Deaf	2	—	2
Manchester, Royal Residential Schools for the Deaf	33	33	66
Newbury, Mary Hare Grammar School	—	3	3
Penn, Raynor's School	—	1	1
Southport, Liverpool School for the Partially Deaf	18	12	30
Stoke-on-Trent, North Staffordshire School for the Deaf	1	—	1
DELICATE AND VARIOUS			
Abergele, Chest Hospital	5	3	8
Ashton-under-Lyne, General Hospital	4	8	12
Bebington, Clatterbridge Hospital	77	48	125
Birkenhead, St. Catherine's Hospital	5	4	9
Blackpool, Victoria Hospital	1	—	1
Bury, Summarseat Open-Air School	1	—	1
Chester, City Hospital	23	19	42
Frankby, Torpenhow Open-Air School	62	28	90
Heswall, Cleaver Hospital	5	8	13
Heswall, Royal Liverpool Children's Hospital	15	10	25
Liverpool, Abbots Lea Residential Open-Air School	1	—	1
Liverpool, Alder Hey	14	10	24
London, Great Ormond Street	1	—	1
Macclesfield, West Park Hospital	52	34	86
Manchester, Booth Hall Hospital	18	16	34
Salford, Hope Hospital Special School	2	1	3

DELICATE AND VARIOUS..... <i>continued</i>	Boys	Girls	Total
Southport, Children's Convalescent Home	4	3	7
Stockport, Cherry Tree Hospital	3	7	10
Stockport, Stepping Hill Hospital	4	3	7
Stoke-on-Trent, City General Hospital	2	2	4
Styal, Manchester Residential School	2	1	3
Thingwall, Royal Liverpool Children's Hospital	2	—	2
Wallasey, Leasowe Hospital	2	2	4
West Kirby, Children's Convalescent Home and Special School	2	3	5
Wrightington Hospital	1	—	1
Wythenshawe Hospital	41	23	64

EDUCATIONALLY SUB-NORMAL

Aberdeen, Camphill School (Rudolf Steiner)	4	1	5
Audenshaw, Hawthorns Day Special School	1	—	1
Birmingham, St. Francis Residential School	—	2	2
Bolton, Eden Grove School	1	—	1
Bristol, St. Christopher's School (Rudolf Steiner)	1	—	1
Capenhurst, Capenhurst Grange School	—	44	44
Grappenhall, Grappenhall Hall School	109	—	109
Haywards Heath, Staplefield Place School	1	—	1
Liverpool, Allerton Priory R.C. School	—	2	2
Longridge, Woodville School	1	—	1
Middlewich, Bostock Hall	1	1	2
Northumberland, Hindley Hall Residential School	1	—	1
Ormskirk, Pontville R.C. Special School	4	—	4
Ringwood, West Mount (Rudolf Steiner)	—	1	1
Ripon, Spring Hill School	1	—	1
Southborough, Meadow House School	1	—	1
Stroud, Farmhill House School	1	—	1
Thelwall, Massey Hall Residential School	—	1	1
Tunbridge Wells, Broomhill Bank School	—	1	1
Ulverston, Stone Cross Special School	1	—	1
Whaley Bridge Taxal Lodge School	1	—	1
Wythenshawe, Park Day School	—	2	2

EPILEPTIC

Alderley Edge, Colthurst House School	4	2	6
Chelford, Soss Moss School	—	2	2
Lingfield, School for Epileptics	1	—	1
Liverpool, Maghull School	3	2	5

PHYSICALLY HANDICAPPED

Abergele, Chest Hospital	1	—	1
Aylesbury, Stoke Mandeville Hospital	2	—	2
Bebington, Clatterbridge Hospital	16	5	21
Biddulph, Orthopaedic Hospital	8	2	10
Bolton, Birtenshaw Hall Special School	1	—	1
Cheadle, Bethesda School	10	5	15
Congleton, Great Morceton Hall	1	—	1
Excter, St. Loyes College.....	—	1	1

PHYSICALLY HANDICAPPED— <i>continued</i>	Boys	Girls	Total
Glossop, Talbot House School	—	2	2
Gosport, Sunshine House School	—	1	1
Heswall, Royal Liverpool Children's Hospital	3	4	7
Killinghall, Ian Tetley Hospital Home	1	—	1
Leatherhead, Queen Elizabeth's Training College	1	—	1
Liverpool, Alder Hey Children's Hospital	—	2	2
Liverpool, Children's School of Recovery	2	—	2
Manchester, Booth Hall Hospital	1	1	2
Marple, Children's Orthopaedic Hospital	16	14	30
Mobberley, Margaret Barclay	4	3	7
Oswestry, Orthopaedic Hospital	29	28	57
Southport, The Bradstock Lockett School	2	3	5
Standon Hall, Orthopaedic Hospital	1	—	1
Stanmore, Royal National Orthopaedic Hospital	—	1	1
Wallasey, Leasowe Hospital	3	3	6
West Didsbury, Lancasterian Special Day School	—	4	4
West Kirby, Children's Convalescent Home	1	—	1

Heart

Bebington, Clatterbridge Hospital	—	3	3
Birkenhead, St. Catherine's Hospital	—	1	1
Carshalton, Queen Mary's Hospital	—	1	1
Heswall, Royal Liverpool Children's Hospital	2	1	3
Macclesfield, West Park Hospital	1	1	2
Rainhill, St. Joseph's Heart Hospital	1	—	1
Southport, Children's Convalescent Home	1	—	1
West Kirby, Children's Convalescent Home	—	1	1

Tuberculosis

Abergele, Chest Hospital	1	3	4
Heswall, Cleaver Hospital	6	6	12
Manchester, Booth Hall Hospital	—	1	1
Marple, Children's Orthopaedic Hospital	2	—	2
Salford, Hope Hospital	—	1	1
Wallasey, Leasowe Hospital	1	—	1
Wrightington Hospital	1	—	1

MALADJUSTED

Congleton, Buglawton Hall	1	1	2
Harmer Hill, Shotton Hall	5	—	5
Horbury, St. Peter's	—	1	1
Long Hope, Salesian School	1	—	1
Thelwall, Chaigeley	2	—	2
Towcester, Potterspurty Lodge	1	—	1
Wetherby, Wennington School	—	1	1
Wennington, Wennington Hall School	1	—	1

Resident in Boarding Homes and Attending Ordinary Schools, 1962

MALADJUSTED	Boys	Girls	Total
East Grinstead, St. George's Hostel	1	—	1

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1962

TABLE I
Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number In-spected	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with Vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in table III	Total individual pupils
1958 and later	111	111	—	1	8	9
1957	5793	5777	16	108	620	715
1956	5685	5680	5	106	672	760
1955	1384	1383	1	65	154	202
1954	595	595	—	49	67	113
1953	2143	2140	3	152	174	315
1952	5498	5487	11	413	415	800
1951	3262	3255	7	228	274	489
1950	573	571	2	71	69	136
1949	1459	1456	3	113	89	195
1948	4844	4841	3	441	347	756
1947 and earlier	6013	6006	7	582	447	986
Total	37360	37302	58	2329	3326	5476
	24476	23374	1102	1134	3295	4348

The physical condition of 99.85% of the total number of pupils examined at periodic inspections was considered satisfactory.

B.—OTHER INSPECTIONS

Number of Special Inspections	—	—	—	—	4625
Number of Re-Inspections	—	—	—	—	13300
Total	—	—	—	—	17925

TABLE II.

Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	—	—	—	—	137936
(ii) Total number of individual pupils found to be infested	—	—	—	—	3418
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—	1215
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—	194

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1962

A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease (2)	PERIODIC INSPECTIONS										TOTAL	
		Entrants		Leavers		Others		Requiring treatment (7)	Requiring observation (8)	Requiring treatment (9)	Requiring observation (10)		
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)								
4	Skin	120	212	239	193	216	184	575	589				
5	Eyes.....												
	(a) Vision	309	699	1002	1020	1018	1284	2329	3003				
	(b) Squint	196	205	64	81	116	140	376	426				
	(c) Other	35	54	26	76	31	52	92	182				
6	Ears.....												
	(a) Hearing	112	490	26	104	73	187	211	781				
	(b) Otitis Media	35	239	20	39	12	57	67	335				
	(c) Other	21	68	29	33	11	37	61	138				
7	Nose and Throat	441	1578	70	207	143	525	654	2310				
8	Speech	161	317	11	34	55	83	227	434				
9	Lymphatic Glands	15	1374	3	161	5	320	23	1855				
10	Heart	21	156	8	75	20	104	49	335				
11	Lungs	77	461	24	127	45	216	146	804				
12	Developmental—												
	(a) Hernia	27	52	2	11	12	15	41	78				
	(b) Other	41	221	18	33	57	126	116	380				
13	Orthopaedic—												
	(a) Posture	12	78	39	118	41	122	92	318				
	(b) Feet	108	339	50	167	101	306	259	812				
	(c) Other	84	339	72	179	68	170	224	688				
14	Nervous System—												
	(a) Epilepsy	12	16	10	10	18	18	40	44				
	(b) Other	8	42	10	21	17	37	35	100				
15	Psychological—												
	(a) Development	6	104	—	81	6	128	12	313				
	(b) Stability	31	290	13	170	36	190	80	650				
16	Abdomen	13	44	20	26	22	60	55	130				
	Other	35	122	29	93	74	193	138	408				

TABLE III. (Continued)

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	33	31
5	Eyes— <i>a.</i> Vision	413	339
	<i>b.</i> Squint	45	110
	<i>c.</i> Other	9	23
6	Ears— <i>a.</i> Hearing	70	196
	<i>b.</i> Otitis Media	12	18
	<i>c.</i> Other	10	10
7	Nose and Throat	88	131
8	Speech	87	77
9	Lymphatic Glands	4	60
10	Heart	13	56
11	Lungs	14	105
12	Developmental—		
	<i>a.</i> Hernia	5	9
	<i>b.</i> Other	12	24
13	Orthopaedic—		
	<i>a.</i> Posture	18	21
	<i>b.</i> Feet	29	43
	<i>c.</i> Other	47	53
14	Nervous system—		
	<i>a.</i> Epilepsy	15	28
	<i>b.</i> Other	11	16
15	Psychological—		
	<i>a.</i> Development	21	171
	<i>b.</i> Stability	37	110
16	Abdomen	10	24
17	Other.....	53	88

TABLE IV

Treatment of Pupils attending Maintained
Primary and Secondary Schools

GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint — — — —	1242
Errors of Refraction (including squint) — —	8649
Total —	<u>9891</u>
Number of pupils for whom spectacles were prescribed — — — —	3271

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear — — — —	7
(b) for adenoids and chronic tonsillitis — —	68
(c) for other nose and throat conditions — —	17
Received other forms of treatment — — — —	592
Total —	<u>684</u>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1962 — — — —	24
(b) in previous years — — — —	103

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out-patient departments — — — —	879
(b) Pupils treated at school for postural defects — —	22
Total —	<u>901</u>

GROUP 4—DISEASES OF THE SKIN (excluding uncleanliness, for
which see Table II)

	Number of cases known to have been treated
Ringworm— (i) Scalp — — — —	1
(ii) Body — — — —	—
Scabies — — — —	—
Impetigo— — — —	36
Other skin diseases — — — —	293
Total —	<u>330</u>

GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child Guidance Clinics	195
---	-----

GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics	1914
No. of pupils referred for Speech Therapy	517
No. of pupils treated	453
Total attendances at Clinics	11765
No. of visits to Schools	182
No. of children examined at Schools.....	539
No. of visits to the homes of pupils.....	107

GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments	2553
Pupils who received B.C.G. vaccination	7016
U.V.L. treatment	653

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) At Periodic Inspections	92281		
(b) As Specials	6741		
Total (1)			<u>99022</u>
(2) Number found to require treatment	57301		
(3) Number offered treatment	50992		
(4) Number actually treated	26800		
(5) Number of attendances made by pupils for treatment, <i>excluding</i> those recorded at heading 11 (h)	52587		
(6) Half-days devoted to : Periodic (School) Inspection	776		
Treatment			8429
Total (6)			<u>9205</u>
(7) Fillings	Permanent Teeth	41696	
	Temporary Teeth	7828	
Total (7)			<u>49524</u>
(8) Number of teeth filled : Permanent Teeth	33659		
Temporary Teeth			7038
Total (8)			<u>40697</u>

(9) Extractions :	Permanent Teeth	—	—	9103
	Temporary Teeth	—	—	22480
				<u>31583</u>
			Total (9)	<u>31583</u>
(10) Administration of general anaesthetics for extraction—				<u>9723</u>
(11) Orthodontics :				
(a) Cases commenced during the year	—	—		236
(b) Cases carried forward from the previous year	—	—		253
(c) Cases completed during the year	—	—		194
(d) Cases discontinued during the year	—	—		37
(e) Pupils treated with appliances	—	—		279
(f) Removable appliances fitted	—	—		262
(g) Fixed appliances fitted	—	—		31
(h) Total attendances	—	—		<u>2824</u>
(12) Number of pupils supplied with artificial dentures				<u>246</u>
(13) Other Operations :	Permanent Teeth	—	—	9266
	Temporary Teeth	—	—	1768
			Total (13)	<u>11034</u>

3737

TABLE VI

Number of handicapped pupils examined in School

Defect	Number of	
	New Cases	Re-exams.
Blind	—	3
Partially Sighted	22	35
Deaf	2	8
Partially Deaf	60	61
Delicate	42	106
Diabetic	11	34
E.S.N.	133	230
Epileptic	53	86
Maladjusted	7	10
Physically Handicapped	102	214
Speech Defect	26	52

TABLE VII

Medical Examinations at School Clinics	—	—	—	—	589
Number of children examined for part-time employment	—	—	—	—	1038
Number of Special Reports completed on children examined at—					
Schools	—	—	—	—	254
School Clinics	—	—	—	—	121
Homes of Pupils	—	—	—	—	681
					<u>1056</u>

LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager.	Minor Ailment Doctor's Sessions E.N.T. Eye	1st & 3rd Fri. a.m. 1st Fri., a.m. 3rd Thurs. p.m. 1st & 3rd Wed. a.m.
ALTRINCHAM	12, The Mount, Altrincham.	Minor Ailment Doctor's Sessions	Mon. a.m. (9-10 a.m.) 2nd & 4th Mon. a.m.*
	145, Park Road, Timperley	Minor Ailment Doctor's Sessions Dental	Wed. a.m. 1st & 3rd Wed. a.m.* *
	69 Station Bldgs. Altrincham 3a Market Street, Altrincham	Speech Dental	Tues. a.m. & p.m. Thurs. p.m. *
BARNTON	Brunner School Barnton	Dental	*
BEBINGTON	Council Offices, Bromborough. 218 Bebington Road, Bebington	Minor Ailment Doctor's Sessions Speech Dental	4th Tues. a.m. 4th Tues. a.m. Mon. a.m. & p.m. Wed. a.m. *
	New Ferry Park, New Ferry	Minor Ailment Doctor's Sessions Eye	Wed. a.m. Wed. a.m. Thurs. a.m.
	The Rake, Eastham.	Eye Dental	2nd & 4th Thurs. p.m. *
BOLLINGTON	Wellington Rd., Bollington, Macclesfield	Minor Ailment Doctor's Sessions Eye Dental	1st Tues. a.m.* 1st Tues. a.m.* 2nd Tues. p.m. *
BREDBURY	Lower Bents Lane, Bredbury.	Eye	3rd, 4th & 5th Thurs. p.m.
		Dental	*
CHEADLE	Brookfield, Wilmslow Road, Cheadle.	Minor Ailment Doctor's Sessions Eye E.N.T. Speech	1st Mon. a.m. 1st Monday a.m.* Tuesday a.m. 4th Wednesday a.m. Thursday a.m. Friday a.m.
		Lip Reading Classes.	2nd & 4th Fri. p.m.
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme.	Eye	2nd & 3rd Thurs. a.m.
CONGLETON	Nursery Lane Congleton	Minor Ailment	Friday a.m.*
		Doctor's Sessions	4th Friday a.m.*
		E.N.T.	4th Thursday p.m.
		Eye	2nd Friday p.m.
		Speech	Monday a.m.
		Lip Reading Dental	3rd & 4th Tues. a.m. *

*When required

Clinic	Address	Type of Clinic	Day held
CREWE	201 Edleston Rd., Crewe Ludford Street, Crewe	Speech	Wednesday a.m. & p.m. Thurs. p.m. & Fri. a.m. Monday a.m.*
		Minor Ailment	Mon. & Wed. p.m.*
		Doctor's Sessions	2nd & 4th Monday a.m. 1st Wednesday p.m.
		E.N.T.	1st, 2nd & 5th Fri. p.m.
		Eye	4th Wednesday a.m. 3rd Fri. p.m.
	Stalbridge Road, Crewe.	Paediatric Dental	*
		Minor Ailment	Tuesday a.m.
		Doctor's Sessions	1st & 3rd Tues. a.m.*
		Eye	1st Tues. p.m., 4th Fri. p.m. 1st Friday p.m.
		Paediatric Lip Reading Classes Dental	1st & 3rd Tuesday a.m. *
DUKINFIELD	King Street, Dukinfield	Minor Ailment	Tuesday a.m.
		Doctor's Sessions	Tuesday a.m.*
	212 Astley Street, Dukinfield.	E.N.T.	4th Monday a.m.
		Eye Lip Reading Classes Dental	1st, 2nd & 4th Fri. p.m. 2nd & 4th Thurs. a.m. *
ELLESMERE PORT	Stanney Lane, Ellesmere Port.	Minor Ailment	Thursday a.m.
		Doctor's Sessions	Thursday a.m.*
		E.N.T.	1st & 3rd Monday a.m.
		Eye Speech	Friday a.m. Tuesday a.m. Thursday a.m. & p.m.
FRODSHAM	The Rock Clinic, High Street, Frodsham	Lip Reading Classes Dental	Wednesday a.m. *
		Eye	1st Monday a.m. 2nd Tuesday a.m. 2nd Wednesday a.m. 4th Thursday a.m.
		Speech Dental	Friday a.m. *
HALE	Lister House, 9 Broomfield Lane, Hale	Minor Ailment	Friday p.m.
		Doctor's Sessions	1st & 3rd Friday p.m.*
		Eye	2nd Thursday p.m. 3rd, 4th & 5th Wed. a.m.
HAZEL GROVE	253 London Road Hazel Grove.	Lip Reading Classes Dental	1st & 3rd Wed. p.m. *
		Minor Ailment	2nd Tuesday a.m.
		Doctor's Sessions	2nd Tuesday a.m.*
		E.N.T.	1st Friday a.m.
		Eye	1st & 4th Thurs. a.m.
		Speech	Monday p.m.
		Dental	*

*When required.

Clinic	Address	Type of Clinic	Day held
HESWALL	Telegraph Road, Heswall.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	1st Tuesday p.m. 1st Tuesday p.m.* 1st & 3rd Friday a.m. Wed. a.m. & p.m. Mon. & Fri. a.m. *
HOLLING- WORTH	Wedneshaugh Green, Hollingworth.	Minor Ailment	Tuesday p.m.
HOOLE	55, Hoole Road, Hoole	Minor Ailment Doctor's Sessions Eye Speech	1st Monday p.m.* 1st Monday p.m.* 2nd & 5th Thurs p.m. Fri. a.m. & p.m.
HOYLAKE	Broomfield, Meols Drive Hoylake	Minor Ailment Doctor's Sessions Eye Speech Dental	Friday (9-10 a.m.) Friday a.m.* 1st, 2nd & 4th Mon. a.m. Monday a.m. & p.m. *
HYDE	Reform Club Buildings Market Place, Hyde.	Minor Ailment Doctor's Sessions Eye (Specialist) Speech Lip Reading Classes Dental	Monday a.m. Monday a.m.* 1st Tues. a.m. 3rd Fri. p.m. Wednesday a.m. & p.m. Thursday a.m. 1st & 3rd Thursday p.m. *
KNUTSFORD	County Offices, Bexton Road, Knutsford.	Minor Ailment Doctor's Sessions Eye Speech Lip reading Dental	4th Thursday p.m. 4th Thurs., p.m. (Alt. months) 1st Thursday p.m., 4th Tuesday p.m. Tuesday a.m. 1st & 3rd Monday p.m. *
LITTLE SUTTON	Chester Road, Little Sutton.	Speech Lip Reading Classes Dental	Wednesday p.m. Friday p.m. *
LYMM	29, Eagle Brow, Lymm	Minor Ailment Doctor's Sessions Eye Dental	Wednesday p.m. 2nd Wednesday p.m. 2nd & 5th Thurs. p.m., 1st Thursday a.m. and 3rd Monday p.m. *
MACCLESFIELD	Hurdsfield House Brocklehurst Ave., Macclesfield.	Lip Reading Classes Dental	1st & 3rd Friday p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
MACCLESFIELD—Cont.			
	Pierce Street, Macclesfield	Minor Ailment Doctor's Sessions E.N.T. Eye	Friday 9-15-10 a.m. Friday a.m.* 2nd Wednesday p.m. 1st Monday p.m. 1st, 3rd & 4th Tuesday p.m., 4th Thurs. a.m. *
	52 Bridge St., Macclesfield. Sanders Square, Macclesfield.	Dental Speech Dental	Tuesday a.m. & p.m. and Friday a.m. *
MARPLE	Stockport Rd., Marple.	Minor Ailment Doctor's Sessions Eye Speech Dental	Wednesday a.m. Wednesday a.m.* 1st, 3rd 4th & 5th Tues., p.m. Thursday p.m. *
MIDDLEWICH	The Priory, 85 Wheelock St., Middlewich.	Eye Dental	3rd Tuesday p.m. & 1st Tuesday a.m. *
NANTWICH	The Dowery, Barker Street, Nantwich.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	2nd & 4th Mon. a.m. * 2nd & 4th Monday a.m.* 2nd, 3rd, 4th & 5th Thursday a.m. Tuesday a.m. & p.m. 2nd & 4th Wed. p.m. *
NESTON	Mellock Lane Neston.	Minor Ailment Doctor's Sessions Eye Dental	1st Tuesday a.m. 1st Tuesday a.m.* 2nd & 4th Monday p.m. *
NORTHWICH	Parkfield, Middlewich Rd., Northwich. Darland House, Winnington Hill, Northwich.	E.N.T. Eye Dental Lip Reading Classes Paediatric Speech Dental	2nd Wednesday a.m. 1st, 2nd & 3rd Thurs. a.m. 1st Friday p.m. * Tues. & Thurs. a.m. 4th Monday p.m. Monday a.m. & p.m. Tuesday a.m. *
PARTINGTON	Central Road, Partington.	Eye Speech Lip Reading Classes Dental	1st & 2nd Wed. a.m. Thursday a.m. 1st & 3rd Monday a.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
POYNTON	Park Lane, Poynton.	Minor Ailment Doctor's Sessions E.N.T.	3rd Tuesday p.m.* 3rd Tuesday p.m.* Even Months, 3rd Wed. p.m.
		Eye Dental	2nd Tuesday p.m. *
RUNCORN	28, Halton Road, Runcorn	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	2nd Friday a.m.* 2nd Friday a.m.* Tuesday p.m. Monday a.m. & p.m. Tues. & Thurs. p.m. *
SALE	70, Chapel Road, Sale	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	Wednesday a.m. Wednesday a.m.* Monday a.m. Mon. a.m., Thurs. p.m. 1st & 3rd Wed. a.m. *
SANDBACH	Platt Avenue, Sandbach.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Lip Reading Classes Dental	3rd Friday a.m. 3rd Friday a.m.* 4th Wednesday p.m. 2nd, 3rd & 4th Mon. p.m. Tuesday p.m. 1st & 3rd Friday a.m. *
STALYBRIDGE	High Street, Stalybridge	Minor Ailment Doctor's Sessions Eye Speech Dental	Monday a.m. Monday a.m.* 2nd, 3rd & 4th Tues a.m. Friday a.m. & p.m. *
	20 Stamford St. Stalybridge	Dental	
STOCKTON HEATH	65 Whitefield Rd., Stockton Heath	Eye Speech Dental	4th Tuesday p.m. Wednesday a.m. & p.m. *
TARPORLEY	Victory Hall, Tarporley	Eye	4th Tuesday p.m.
WEAVERHAM	Church Lane, Weaverham	Minor Ailment Eye Speech Dental	Friday a.m. 3rd Friday p.m. Thursday a.m. & p.m. *
WILMSLOW	3, Alma Lane, Wilmslow	Minor Ailment Doctor's Sessions Eye Speech Dental	Thursday a.m. 1st Thursday a.m.* 3rd Tuesday a.m. Wednesday a.m. & p.m. *
WINSFORD	98 Weaver Street, Winsford	Minor Ailment E.N.T. Eye Speech Dental	2nd Fri. (2-2-30 p.m.) 2nd Thursday p.m. 3rd & 4th Thurs. p.m. 2nd Tuesday p.m. Thursday a.m. *

*When required.

